

for the NORTHERN DISTRICT OF CALIFORNIA

DANNY CAESAR  
Plaintiff  
-vs-  
Robert Horel, et. Al.,  
Defendants

**FILED**  
JUN - 6 2008  
RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
OAKLAND

Case No. CV-08-01977-SBA

MOTION FOR TEMPORARY  
INJUNCTION

Petitioner hereby asks the Court for a Temporary Injunction Order, as the Court is aware of the ongoing practice of defendants to deny me medical care that my medical condition require, because of the crippling effect and chronic pain created by defendants by constant aggravations (constant refrigerated living environment, and long walking or standing processes) and complete medical deprivation. I also ask to <sup>be</sup> temporarily housed somewhere where I can get some relief for the chronic nerve pain I'm being forced to live with. My right to witnesses is also being eliminated by (SEE Exhibit '1'). People outside of my race, will not testify on my behalf, or what they may witness.

DATE: May 18<sup>th</sup> 2008

DAN CAESAR Dan Caesar  
PRO SE PETITIONER

Exhibit '1'

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## INMATE/PAROLEE

## APPEAL FORM

CDC 902 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

You may appeal any policy, action or decision which has a significant adverse effect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
DAN CAESAR	D-07644	SHU	C-5-121

A. Describe Problem: Warden Horel, you are the head of this institution's Security. For the past six months, security has me living in a predominantly segregated housing unit, where I am the only Black inmate (F-Pod). I believe this living condition to be illegal and specifically designed by staff for the purpose of cultural deprivation, and to create a prey for both staff and inmate population.

If you need more space, attach one additional sheet.

B. Action Requested: Title 15:3004(c) say that discrimination is a violation of a legal right. Recent Supreme Court Decision have also evoked desegregation of California Prisons' sections and cells. I ask to be housed in a unit-section with other Black inmates.

Inmate/Parolee Signature: Dan Caesar

Date Submitted: 4-20-08

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)

Staff Response: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

## D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Division Head Approved: \_\_\_\_\_ Returned: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date to Inmate: \_\_\_\_\_

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

☐ See Attached Letter

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Warden/Superintendent Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third-level within 15 days of receipt of response.

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

For the Director's Review, submit all documents to: Director of Corrections  
P.O. Box 942883  
Sacramento, CA 94283-0001  
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_

☐ See Attached Letter

Date: \_\_\_\_\_

State of California  
CDC FORM 695  
Screening For:  
CDC 602 Inmate/Parolee Appeals  
CDC 1824 Reasonable Modification or Accommodation Request

PELICAN BAY STATE PRISON  
SECURITY HOUSING UNIT  
UNIT C-5

RE: Screening at the FIRST Level

April 22, 2008

**CAESAR, D07644**  
**CF05L 000000121L**

Log Number: PBSP-C-

(Note: Log numbers are not assigned to screen out appeals or informal level appeals.)

The enclosed documents are being returned to you for the following reasons:

*You have failed to reasonably demonstrate that the issue you are appealing adversely affects your welfare, pursuant to CCR 3084.1(a).*

**YOUR SPECIFIC HOUSING ASSIGNMENT WITHIN SHU IS NOT SUBJECT TO  
APPEAL FOR THE ABOVE NOTED REASON.**

  
Appeals Coordinator  
Pelican Bay State Prison

Screening Decision  
Reviewed and  
UPHELD.

C. WEIBER, AC

**NOTE:** Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

**PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE**

APR 22 2008 APR 25 2008